

STUDENT BENEFICIARY CHANGE

Account Owner: Please use this form to change the student named on your account.

Current Account Information

Account Number	_____	
Account Owner	_____	
Current Student Beneficiary	Name _____	SSN or TIN _____
	Name _____	SSN or TIN _____

New Student Beneficiary Information

Name (First, Middle, Last, Suffix)	_____		
SSN or TIN	_____		
Birth Date	_____		
Benefit Use Year	_____		
Street Address/Apartment Number	_____		
Post Office Box Number	_____		
City/State/Zip Code	_____		
Email Address	_____		
Telephone Numbers	_____		
	Home _____	Work _____	Other (Please specify type.) _____

Reason for change request _____

Please tell us the relationship between the students: _____

The student beneficiary receiving the units **must** be a family member of the current student beneficiary.
(Qualifying family members include: child, sibling, parent, first cousin, aunt or uncle, in-laws, or the spouse of any of these family members. Please see IRS Publication 970 for more information.)

Account Owner's Signature - Required

I certify under the penalty of perjury that all the above information is true and correct.

Account Owner's Signature _____	(Notary must witness signature.)	Date _____
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Notary Section - Required

State of _____
County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____ Signature _____

(Seal or Stamp)

Title _____
My appointment expires _____